

**PATENT APPLICATION FEE DETERMINATION RECORD**

Application or Docket Number

Application or Docket Number

**APPLICATION AS FILED - PART I**  
(Column 11)

If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

2-16-04

(Column 1)	(Column 2)	(Column 3)
PRICE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total 37 CFR 1.16(q)	60	Minus 86
Independent 37 CFR 1.16(q)	2	Minus 5
Application Size Fee (37 CFR 1.16(s))		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.16(q)		

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
X 25 =			X 50 =	
X 100 =			X 200 =	
180			360	
TOTAL ADD'L FEE			TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
X	=	X	=
X	=	X	=
<b>TOTAL ADD'L FEE</b>		<b>TOTAL ADD'L FEE</b>	

4 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
5 If the 4-highest Number Previously Paled From the Table, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is 20.

the "Highest Number Previously Paid For" (Total of independent collection of information).

**IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL THE U.S. PATENT AND TRADEMARK OFFICE, U.S. DEPARTMENT OF COMMERCE, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.**

If you need assistance in completing this form, call 1-800-PTO-8198 and select option 2.